ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

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E-01750A Mohave Electric Cooperative, Inc. P.O. Box 1045 Bullhead City, AZ 86430



Z Corporation Commission Director of Utilities

ANNUAL REPORT

FOR YEAR ENDING

12 31 2005

FOR COMMISSION USE

ANN 01 05

PROCESSED BY:

SCANNED

COMPANY INFORMATION

Company Name (Business I	Name) MOHAVE ELECTRIC COOPER	ATIVE, INC	
Mailing Address	P.O. BOX 1045		
(Street)			
	BULLHEAD CITY, AZ 8643		
(City)	(State)	(Zip)	
928/763.4115	. 928/763-3315 Fax No. (Include Area Code)	D. (C.H.) (C.A.L.)	
Telephone No. (Include Area Code)	rax No. (include Area Code)	Pager/Cell No. (Include Area Code)	
Email Address mohaveele	ctric@mohaveaz.com		
Local Office Mailing Address _	1999 Arena Drive		
-	(Street)		
	Bullhead City, AZ 86442		
(City)	(State)	(Zip)	
928/763.4115	928/ 763-3315		
Local Office Telephone No. (Include Area	Code) Fax No. (Include Area Code)	Pager/Cell No. (Include Area Cod	
Email Address	MANAGEMENT INFORMATI	ON	
	MANAGEMENT INFORMATI		
	MANAGEMENT INFORMATI	Adm. Assistant	
Management Contact:	MANAGEMENT INFORMATI Sharon Sutton (Name)		
Management Contact:	MANAGEMENT INFORMATI Sharon Sutton (Name) Bullhead City, AZ 86442	Adm. Assistant (Title)	
Management Contact: 1999 Arena Dr. (Street)	MANAGEMENT INFORMATI Sharon Sutton (Name) Bullhead City, AZ \$6442 (City)	Adm. Assistant	
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Management Contact:	MANAGEMENT INFORMATI Sharon Sutton (Name) Bullhead City, AZ \$6442 (City) 928/.763-3315 Fax No. (Include Area Code) Robert E. Broz (Name)	Adm. Assistant (Title) (State) (Zip)	
Management Contact: 1999 Arena Dr. (Street) 928/763.4115 Telephone No. (Include Area Code) Email Address On Site Manager: 1999 Arena Dr.,	MANAGEMENT INFORMATI Sharon Sutton (Name) Bullhead City, AZ \$6442 (City) 928/.763-3315 Fax No. (Include Area Code) Robert E. Broz (Name) Bullhead City, AZ 86442	Adm. Assistant (Title) (State) (Zip) Pager/Cell No. (Include Area Code)	

Please mark this box if the above address(es) have changed or are updated since the last filing.

Statutory Agent:	Robert E. Broz					
(Name)						
1999 Arena Dr., Bullhead City, AZ 86442						
(Street) (City) (State) (Zip)						
928/763.4115	928/763.3115					
	Telephone No. (Include Area Code) Fax No. (Include Area Code Pager/Cell No. (Include Area Code)					
Attorney: Michael Curt	(Name)	·				
2712 North Seventh St	reet, Phoenix, AZ 85006-1090					
(Street)	(City)	(State) (Zip)				
602/393.1700						
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (Include Area Code)				
Please mark this box if the a	bove address(es) have changed or are	e updated since the last filing.				
	OWNERSHIP INFORMATION	. •				
		<u> </u>				
Check the following box that appl	lies to your company:					
Sole Proprietor (S)	C Corporation (C) (Other than Association/Co-op)				
Partnership (P)	☐ Partnership (P) ☐ Subchapter S Corporation (Z)					
Bankruptcy (B)	x Association/Co-o	op (A)				
☐ Receivership (R) ☐ Limited Liability Company						
Other (Describe)						
	COUNTIES SERVED					
Check the box below for the coun	ty/ies in which you are certificated to p	rovide service:				
П АРАСНЕ	COCHISE	X COCONINO				
		_				
☐ GILA	☐ GRAHAM	☐ GREENLEE				
☐ LA PAZ	☐ MARICOPA	MOHAVE				
☐ NAVAJO	☐ PIMA	☐ PINAL				
☐ SANTA CRUZ	X YAVAPAI	☐ YUMA				
☐ STATEWIDE						

SERVICES AUTHORIZED TO PROVIDE

Check the following box/es for the services that	you are authorized to provide:
☐ Electric	☐ Telecommunications
☐ Investor Owned Electric Rural Electric Cooperative ☐ Utility Distribution Company ☐ Electric Service Provider ☐ Transmission Service Provider ☐ Meter Service Provider ☐ Meter Reading Service Provider ☐ Billing and Collection ☐ Ancillary Services ☐ Generation Provider ☐ Aggregator/Broker ☐ Other (Specify)	☐ Incumbent Local Exchange Carrier ☐ Interexchange Carrier ☐ Competitive Local Exchange Carrier ☐ Reseller ☐ Alternative Operator Service Provider ☐ Gas ☐ Natural Gas ☐ Propane
STATISTICAL 1	NFORMATION
TELECOMMUNICATION UTILITIES ONLY	
Total residence local exchange access lines	
Total business local exchange access lines	
Total revenue from Arizona operations	\$
Total income from Arizona operations	\$
Value of assets used to serve Arizona customers	\$
Accumulated depreciation associated with those assets	\$
Accumulated depreciation associated with those assets	\$

STATISTICAL INFORMATION (CONT'D)

Total number of customers	33,044	
Residential	3,563	—
Commercial	102	
Industrial .	16	—
Public street and highway lighting	22	—
Irrigation		
Resale	·	
Total kilowatt-hours sold	762,695,811 kV	Wh
Residential	351,316,093	
Commercial	112,068,869	
Industrial	156,594,905	
Public street and highway lighting	437,736	
Irrigation	4,738,162	
Resale	137,540,046	
Maximum Peak Load	M	ſW
GAS UTILITIES ONLY		
Total number of customers		
Residential		_
•		_
Commercial	-	
Commercial Industrial		
Industrial		
Industrial Irrigation Resale	the	rms
Industrial Irrigation	ther	rms
Industrial Irrigation Resale Cotal therms sold	ther	rm:
Industrial Irrigation Resale Cotal therms sold Residential	then	rm:
Industrial Irrigation Resale Total therms sold Residential Commercial	then	rm:

VERIFICATION AND SWORN STATEMENT **Intrastate Revenues Only**

RECEIVED

	AND	
	SWORN STATEMENT	APR 1 8 2006
VERIFICATION	Intrastate Revenues Only	Z Corporation Commission
STATE OF Arizona	county of (county name) Mohave	Director of Utilities

NAME (OWNER OR OFFICIAL) TITLE Robert E. Broz

COMPANY NAME

OF THE Mohave Electric Cooperative, Inc

I, THE UNDERSIGNED

	11011011			
DO SAY THAT THIS ANNUAL	UTILITY REPO	RT TO THE ARIZONA	CORPORATION COM	MISSION

FOR THE YEAR ENDING

MONTH DAY YEAR 12

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE **UTILITY OPERATIONS DURING CALENDAR YEAR 2005 WAS:**

SIGNATURE OF OWNER OR O

TELEPHONE NUMBER

928/763.4115

Arizona Intrastate Gross Operating Revenues Only (\$) 57,256,232

(THE AMOUNT IN BOX ABOVE INCLUDES \$ 3,500,813

IN SALES TAXES BILLED, OR COLLECTED)

**REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

DAY OF

Mohave 2000

VERIFICATION AND

SWORN STATEMENT RESIDENTIAL REVENUE

RECEIVED

Z Corporation Commissic

INTRASTATE REVENUES ONLY

STATE OF ARIZONA

I, THE UNDERSIGNED

Director of Utilities COUNTY OF (COUNTY NAME) Mohave NAME (OWNER OR OFFICIAL) TITLE Robert E. Broz C.E.O. COMPANY NAME Mohave Electric Cooperative, Inc.

OF THE

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

31

FOR THE YEAR ENDING

MONTH DAY 12

YEAR 2005

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE. INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING **CALENDAR YEAR 2005 WAS:**

ARIZONA INTRASTATE GROSS OPERATING REVENUES

\$ 30,969,915

(THE AMOUNT IN BOX AT LEFT INCLUDES \$ 1,957,637 IN SALES TAXES BILLED, OR COLLECTED

*RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.

928/763.4115

NOTARY PUBLIC NAME 40 NIUA COUNTY NAME

MONTH APRIL

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

DAY OF

SIGNATURE OF NOTARY PUBLIC

OFFICIAL SEAL ALMONIKA M. COLB

JUNE 27, 2006

2006